

## IFSP Team Page

### Informed Consent by Parent(s) for Early Intervention Services:

I have participated in the development of this IFSP and understand the content. I understand that I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Please check and sign below:

1.		I agree with the proposed IFSP as written. I further understand that my signature below indicates that: (a) I have been fully informed of the supports/services being proposed; (b) my service coordinator explained my rights under this program and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet; and (c) I give permission to carry out this IFSP as written.
2.		<p>I do not agree with the proposed IFSP as written, however, I do give permission for the following supports/services to begin:</p> <p>My service coordinator explained my rights under this program, and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet. <b>[Notice of Action must be given to the family.]</b></p>
3.		I have received copies of the AzEIP Family Satisfaction Surveys.

Parent/Surrogate Signature		Date	
Parent/Surrogate Signature		Date	
Date this IFSP was revised with a meeting			

***Note: Parent must indicate their approval for changes made to the IFSP by initialing and dating the changes (unless per phone request by parent.)***

List all IFSP Team Members, present or not, who have contributed to the development of this IFSP, using additional page if needed.

			Present	Report given
Name	Relationship/Agency	Phone		

Address \_\_\_\_\_

Present: \_\_\_\_\_ Report given \_\_\_\_\_

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Name \_\_\_\_\_ Relationship/Agency \_\_\_\_\_ Phone \_\_\_\_\_

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Address \_\_\_\_\_

## IFSP Team Page Continued

Present    Report given

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